

TOWN OF LUNENBURG

5/19/16

FY 17 APPLICATION FOR EXTERNAL GREASE INTERCEPTOR PERMIT **(includes Food Service Establishments with Internal Grease Traps)**

Date: _____

Please specify the External Interceptor located at your facility

External Interceptor: Capacity(gal) _____ Manufacturer _____ Model No. _____

of Internal Grease Traps: _____ Location: Sinks _____ Dishwasher _____ Other _____

OFFICE USE ONLY

Compliance status

Fee

Munis ID

The undersigned _____ of _____
(printed name) FACILITY WHERE INTERCEPTOR LOCATED

hereby applies for the Annual Grease Trap permit for connection to sewer for

FOOD SERVICE ESTABLISHMENT

and

(if applicable) 2nd FOOD SERVICE ESTABLISHMENT

LOCATED AT No: _____ Street _____ in the Town of Lunenburg. I UNDERSTAND THAT:

- ☐ I must comply with the Grease Trap Regulations to receive and retain the Annual Grease Trap/Interceptor Permit or will not be allowed to discharge to Town sewer.
- ☐ I must allow the Town or its agent access to the premises for inspections. The cost of these inspections is included in my annual permit fee.
- ☐ All cleanouts of my external interceptor are my responsibility and must occur every six(6) months at a minimum. Additional cleanouts may be required based on the results of the inspections.
- ☐ I must submit signed records of any cleanouts/repairs/maintenance on the **Interceptor Service Report** to the Sewer Commission or its agent within 30 days of the activity to remain compliant. (Submittal of monthly reports for internal traps will not be required, as long as proof of connection to the Interceptor is provided).
- ☐ I must maintain records of all cleanings/maintenance/repairs onsite and have available for inspection.
- ☐ The Sewer Commission or its agent may visit the premises without notice to verify compliance.
- ☐ My compliance status affects my annual permit fee.
- ☐ I must remain compliant throughout the year or be subject to a non-compliance fee of \$50.00, and subsequent charges of \$25/day if I remain out of compliance, effective with the 1st day of non-compliance.

Signed: _____
Authorized Applicant

Daytime phone #: _____

Email Address: _____

Sewer Commission Representative Approval

Date Approved

DRAWINGS REQUIRED (attach separate sheets as necessary)

- ☐ SCHEMATIC DRAWING OF INTERNAL TRAPS AND THEIR CONNECTION TO SINKS/DISHWASHER/FLOOR DRAINS & SEWER MAIN
- ☐ APPROXIMATE LOCATION OF INTERCEPTOR
- ☐ INTERNAL DESIGN OF INTERCEPTOR (due within 30 days of Next Cleanout)